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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	on Care INC	
DOCUMENT NUN	P20000050100	· · · · · · · · · · · · · · · · · · ·	
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Franklin Ezeoke		
		Name of Contact Persor	1
	Jaslinks Companion Care IN	С	
		Firm/ Company	
	3613 Braselton Hwy, Suite 1	03	
		Address	
	Dacula, GA 30019-4665		
		City/ State and Zip Code	
	fcezeoke@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
Franklin Ezeoke		at (	816-6125
Nam	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Jaslinks Companion Care INC

7146 20 PT 6:31

Jasiniks Companion Care INC	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P20000059190	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	5207 26th St. W., #104
(Principal office address MUST BE A STREET ADDRESS)	Bradenton, FL 34207
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent	
(Florida su	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New k	Registered Agent, if changing
ingrature of her h	action of a tracent, it changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>P1</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del>-</del>	
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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fan amandmant nuavidas fau au auch	hange, reclassification, or cancellation of issued shares,
<u>i an amenoment provides for an exch</u>	range, recrassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
J		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder as	ction and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendmental flicient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
Dated 9 2	aft Ezerbe	
selecte	irector, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other cotted fiduciary by that fiduciary)	
	Franklin Ezeoke	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	